### M T B L MONTANA TALKING BOOK LIBRARY MONTANA STATE LIBRARY

tbl.msl.mt.gov

#### INDIVIDUAL APPLICATION

## MONTANA TALKING BOOK LIBRARY PO Box 201800, Helena MT 59620-1800

800-332-3400 406-444-2064 Email: mtbl@mt.gov

The Montana Talking Book Library is a free service available to qualified individuals who are unable to read standard print materials due to vision loss, physical limitations, or reading disability.

Fill out completely and print clearly. If you are completing this form for someone other than yourself, please obtain their consent.

Name: (Last)\_\_\_\_\_\_ (First)\_\_\_\_\_ (M.I.)\_\_\_\_

Birth Date:///	
Mailing Address:	
in care of (if applicable):	
City: ZIP	Code:
Phone:	
E-mail (optional):	
☐ Check box if you have been honorab	oly discharged from the U.S. Armed Forces
Required: List below the individual(s) we	can contact if we are unable reach you.
Alternate contact (Family / Friend /	
P.O.A) Name:	Facility Contact (if applicable)
	Name:
Relationship:	(Activities Dept / Social Worker)
Phone:	Phone:
Address:	Address:
	E-mail (optional):
E-mail (optional):	

# Eligibility of blind and other print-disabled persons for loan of library materials

	service: residents of the United States, including the District of Columbia, and American citizens e of the following criteria:
☐ <b>BLINDNESS:</b> Visual acuity	of 20/200 or less in the better eye with correcting r of visual field subtending an angular distance no
☐ <b>LOW VISION DISABILITY:</b> without aids or devices <i>other the</i>	Inability to read standard print material han regular glasses.
	ability to read or use standard print material due to sis, missing arms or hands, or extreme weakness.
	defined as an organic dysfunction of sufficient print material in a normal manner.
osteopathy, ophthalmologist, optome professional staff of hospitals, institu	the following: doctor of medicine, doctor of etrist, psychologist, registered nurse, therapist, or tions, and public or welfare agencies (such as an counselor, rehabilitation teacher, certified st, superintendent, or librarian).
To Be Completed by Certifying Au applicant requesting library service is the reason indicated on this form.	thority (as defined above) I certify that the named sunable to read or use regular printed material for
TO BE SIGNED AND COM	PLETED BY A CERTIFYING AUTHORITY
I certify that the named applicant req standard print materials for the reaso	uesting this library service is unable to read on indicated above.
Signature:Certifying A	Date:
Please print:	athonty
Name:	
Title/Occupation:	Organization:
Address:	Telephone:

A typed or handwritten signature is acceptable if certifying data is completed.

**CONFIDENTIALITY STATEMENT**: All library records are confidential pursuant to Montana Code annotated 22-1-1103 and the National Library Service.

## **EQUIPMENT, ACCESSORIES, AND OTHER SERVICES**

Equipment and accessories are supplied on extended loan. This equipment is intended for use with recorded reading materials provided by the Library of Congress and its cooperating libraries. Patrons are responsible for the care and return of the materials and equipment.

Players Available: The players are lightweight and portable, with a built-in

rechargeable battery. The raised color-coded navigation buttons are large, easy-to-use, and have Braille markers. Additional features include tone controls, speed controls, and an automatic power-off function.
<ul> <li>□ Digital Standard Machine</li> <li>□ Digital Advanced Machine: Has additional navigation buttons useful for returning to specific chapters or sections.</li> </ul>
Accessories:  Headphone: Useful in shared environments, where speakers are not permitted.  Pillowphone: Useful for individuals who are confined to a bed. The pillowphone car be placed under the reader's pillow and is normally heard only by the reader.
Do you also have a hearing impairment? If yes, indicate the degree of hearing loss.  Moderate Profound: An amplified high-volume player is available from the National Library Service for use by listeners with profound hearing loss. A separate application requiring certification by an audiologist is required.
WOULD YOU LIKE INFORMATION ABOUT THESE ADDITIONAL SERVICES?  ☐ Audio magazines ☐ Requesting books online (email address required) ☐ Downloading books using your computer or smart phone and the NLS – BARD Service (Braille and Audio Reading Download) (email address required) ☐ Braille books and magazines ☐ Children's Braille & Twin Vision books ☐ Children's reading selections
<ul> <li>□ National Library Service music instruction and scores (Braille &amp; large print)</li> <li>□ NFB NEWSLINE™ (National Federation of the Blind audio news service; includes Billings Gazette, Montana Standard (Butte), Great Falls Tribune, Helena Independent</li> </ul>

**OTHER RESOURCES:** Information on additional resource providers is available, including how to access textbooks. Contact us or visit our website at: tbl.msl.mt.gov/Home/other\_resources.

Record, Missoulian and access to additional national newspapers and magazines)

### ☐ Send only the specific titles I request. Is there a specific book we can send you to start? \_\_\_\_\_ ☐ Help select books for me. I like to read: ☐ Fiction ☐ Nonfiction ☐ Both Fiction and Nonfiction I like books from the categories I have marked below: ☐ Adventure Stories ☐ Science Fiction ☐ Legal Fiction ☐ Animal Stories ☐ Montana History ☐ Science & Nature □ Biographies ☐ Mysteries ☐ Sports ☐ Fantasy Fiction ☐ Occult & Horror Stories □ Spy Stories ☐ Suspense Stories ☐ General Fiction □ Outdoors ☐ Government & Politics ☐ Pioneer & Frontier Stories □ Travel □ True Crime ☐ US History ☐ Religious Fiction ☐ Romance □ War Stories ☐ World History ☐ Historical Fiction ☐ Historical Romance □ Westerns Are there any of the above categories you do not want to receive? My favorite authors are: \_\_\_\_\_\_ I am also interested in reading books about: \_\_\_\_\_ When selecting books, do you want us to take into account whether a book contains strong language, violence, or descriptions of sex? ☐ Yes ☐ No If you do, indicate your preferences below: Mark one: ☐ I don't mind if they contain some strong language. ☐ Do not send me books that contain strong language. Mark one: ☐ I don't mind if they contain some violence. ☐ Do not send me books that contain violence Mark one: ☐ I don't mind if they contain some descriptions of sex. ☐ Do not send me books that contain descriptions of sex. Some books have not been reviewed for strong language, violence, or descriptions of sex. Do you want to receive books that have not been reviewed? ☐ Yes □ No

READING PREFERENCES